



**Hospital of
Saint Raphael**

A member of the Saint Raphael Healthcare System

RECEIVED

2004 DEC 27 PM 12:58

1450 Chapel Street
New Haven, Connecticut 06511
(203) 789-3000

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

December 22, 2004

Cristine Vogel
Commissioner
Office of Health Care Access
State of Connecticut
410 Capital Avenue
3rd Floor
Hartford, Connecticut 06134-0308

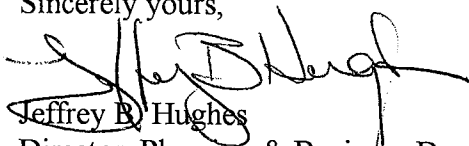
Re: Hospital of Saint Raphael
Letter of Intent
Verdi Low Roof Expansion Project

Dear Commissioner Vogel:

Attached is a completed Letter of Intent (OHCA Form 2030) describing the Hospital of Saint Raphael's proposal to build two new patient units on the second and third floors of what is known as the Verdi Low Roof Building. The proposed Verdi Low Roof Expansion Project will increase the number of available general medical / surgical beds by 48, enabling the Hospital to accommodate current and projected demand and improve patient flow from the emergency room to inpatient units.

We look forward to working with you and the Staff of the Office of Health Care Access on this necessary project. If you or your staff have any questions regarding this proposal, please contact me at (203) 789-5961.

Sincerely yours,



Jeffrey B. Hughes

Director, Planning & Business Development



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State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Jeffrey B. Hughes Director, Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT	
Contact person's phone #, fax # and e-mail address	(203) 789-4378 (203) 789-3653 (fax) jhughes@srhs.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Verdi Low Roof Expansion Project

b. Type of Proposal, please check all that apply:

- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- ☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)
- ☒ Expansion (F, S, Fnc) ☒ Relocation ☐ Service Termination
- ☒ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- ☐ New ☐ Replacement ☐ Major Medical
- ☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

1450 Chapel Street , New Haven, CT 06511

d. List all the municipalities this project is intended to serve:

Please see Attachment #1

e. Estimated starting date for the project:: Construction will begin **May 2005**.

f. Type of project: **4, 27, 31** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Medical / Surgical	438	511	48	511

The proposed project will add an additional 48 general medical / surgical beds.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ **13,351,729**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 12,287,917
Medical Equipment (Purchase)	\$ 720,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$ 343,812
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 13,351,729
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 13,351,729

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Copies of vendor quotes to be provided in Certificate of Need application.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

Please see Attachment # 2 for description of project.

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Please see Attachment #3 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Hospital of Saint Raphael

Project Title: Verdi Low Roof Expansion

I, David W. Benfer, CEO
Name) (Position – CEO or CFO)

of the Hospital of Saint Raphael, being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that the Hospital of Saint Raphael complies with the
(Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

David W. Benfer 22 December 2004
Signature Date

Subscribed and sworn to before me on 12/22/04

Gloria Astarita
Notary Public/Commissioner of Superior Court
GLORIA ASTARITA
NOTARY PUBLIC
My commission expires: MY COMMISSION EXPIRES OCT. 31, 2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

List of Attachments

- 1. List of Service Area Towns**
- 2. Project Description**
- 3. Hospital of Saint Raphael License**

Attachment # 1

**Listing of Towns and Cities that Comprise the Service Area
of the Hospital of Saint Raphael**

Attachment 1

Hospital of Saint Raphael
Service Area Towns

Ansonia
Bethany
Branford
Cheshire
Clinton
Derby
East Haven
Guilford
Hamden
Madison
Meriden
Milford
New Haven
North Branford
North Haven
Orange
Oxford
Seymour
Shelton
Wallingford
West Haven
Woodbridge

Attachment # 2

Project Description

Attachment 2

**Hospital of Saint Raphael
Verdi Low Roof Expansion Project
Project Description**

The Hospital of Saint Raphael has experienced a significant increase in medical and surgical inpatient volumes and has been operating at or near full capacity for the most recent two fiscal years. A shortage of available beds has led to the cancellation of elective surgeries, diversion of patients to other institutions, and at times significant delays in the emergency room for patients waiting to be admitted. The proposed Verdi Low Roof Expansion Project will increase the number of available general medical / surgical beds by 48, enabling the Hospital to accommodate current and projected demand and improve patient flow from the emergency room to inpatient units.

In order to increase bed capacity the Hospital is proposing to build two new patient units on the second and third floors of what is known as the Verdi Low Roof Building. This project will allow the Hospital to accomplish the following objectives:

- 1) Relocation of the 28 bed Same Day Admit area and Cardiac Catheterization Laboratory Recovery area from the second floor of the Sister Louise Anthony building to new space on the second floor of the Verdi Low Roof Building. The newly created space will have improved adjacencies to both the main operating room and cardiac catheterization laboratory, which will benefit both Same Day Admit patients and Cardiac Cath Lab patients.
- 2) Relocation of the orthopedic service from the fourth floor of the Verdi Building to a new "state -of-the-art" unit on the third floor of the Verdi Low Roof Building. This new orthopedic unit will be equipped to accommodate patients undergoing joint replacement surgeries and other orthopedic procedures. The relocation of this service will allow the Hospital to establish a Center of Excellence for the Bone and Joint Service.
- 3) Increase general medical / surgical bed capacity by 48 beds. General medical / surgical units will be established in the vacated space in the Sister Louise Anthony Building and in the Verdi Building. The Hospital anticipates the addition of 24 beds in the Sister Louise Anthony building and 24 beds in the Verdi building.

The Hospital of Saint Raphael is licensed for 511 beds of which 438 beds are considered available and in use. The addition of 48 new general medical / surgical beds will bring the Hospital's total available bed count to 486, which does not exceed its licensed capacity

This proposed project will serve the residents of our 22-town Greater New Haven service area and is not expected to adversely impact any other providers in the State of Connecticut.

The expected payor mix for this service is consistent with the overall payor mix of the Hospital.

Attachment # 3

Hospital of Saint Raphael License

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0056

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

The maximum number of beds shall not exceed at any time:

22 Bassinets

511 General Hospital beds

This license expires **September 30, 2005** and may be revoked for cause at any time.

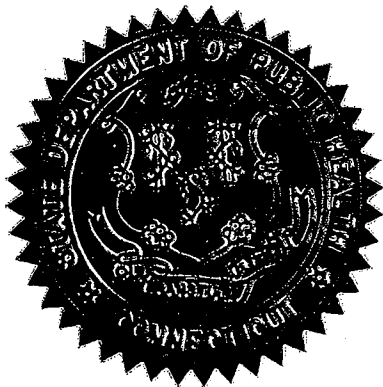
Dated at Hartford, Connecticut, October 1, 2003.

License revised to reflect:

*Removed (5) Satellites effective 8/4/04

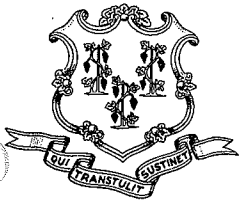
Satellites

Adolescent Day Hospital, 301 Orchard Street, New Haven, CT
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT
Troup School Base Health Center, 259 Edgewood Avenue, New Haven, CT
Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT
Project Mother Care (Mobile), 1450 Chapel Street, New Haven, CT
Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT
Dental Mobile Van "Miles 4 Smiles", 1450 Chapel Street, New Haven, CT
Elder Care Clinic/Tower One, Tower Lane, New Haven, CT
Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT
Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT
Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT
Mcqueeny Towers/Hospital Of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

January 12, 2005

Mr. Jeffrey Hughes
Director, Planning and Business Development
Hospital of Saint Raphael
1450 Chapel St.
New Haven, CT 06511

Re: Letter of Intent, Docket Number 04-30417
Hospital of Saint Raphael
Increase Bed Capacity by Building Out the Verdi Low Roof Building
Notice of Letter of Intent

Dear Mr. Hughes:

On December 27, 2005, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Hospital of Saint Raphael ("Applicant") for an increase in bed capacity by building out the Verdi Low Roof building, at a total capital expenditure of \$13,351,729.

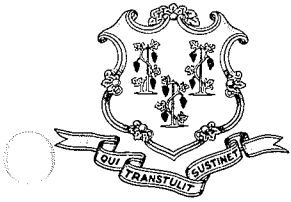
A notice to the public regarding OHCA's receipt of a LOI was published in the *New Haven Register* pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes as amended by Section 1 of Public Act 03-17. Enclosed for your information is a copy of the notice to the public.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Certificate of Need Supervisor

KRM:LKG:bko



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL
COMMISSIONER

January 12, 2005

Purchase Order # HCA05-147
FAX #: (203) 865-8360

New Haven Register
40 Sargent Street
New Haven, CT 06531-0715

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than Sunday, January 16, 2005.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (full tear sheet is required) with the invoice.

If there are any questions regarding this legal notice, please contact Laurie Greci at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in cursive script, reading "Kimberly R. Martone".

Kimberly R. Martone
Certificate of Need Supervisor

Attachment

KRM:LKG:bko

c: Kathy Howe, OHCA

PLEASE INSERT THE FOLLOWING:

Pursuant to Section 19a-638 and Section 19a-639 of the Connecticut General Statutes as amended by Section 1 of Public Act 03-17, the Office of Health Care Access ("OHCA") has received a Letter of Intent to file the following Certificate of Need application:

Applicant: Hospital of St. Raphael

Town: New Haven

Docket Number: 04-30417

Proposal: Increase Bed Capacity by Building Out the Verdi Low Roof Building

Total Capital Expenditure: \$13,351,729

The Applicant may file its Certificate of Need application between February 25, 2005 and April 26, 2005. Interested persons are invited to submit written comments to OHCA regarding the Letter of Intent or the Certificate of Need application, when it is submitted by the Applicant. Such comments should be directed to:

Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent may be obtained from OHCA at the standard copy charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant. A copy of the Certificate of Need application may then be obtained from OHCA at the standard copy charge.